

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			Canceled			
2						
3						
4						
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11						
12			Canceled			
13		/				
14		/				
15		Canceled				
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38			Canceled			
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49						
50						
TOTAL IND.		↓	/	↓		↓
TOTAL DEP.	←		/	←		←
TOTAL CLAIMS	[REDACTED]	1	[REDACTED]		[REDACTED]	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	[REDACTED]	1	[REDACTED]		[REDACTED]	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS